Shoshone County Board of EqualizationProperty Assessment Appeal Application Form

The Board of Equalization must receive appeal forms on or before 5:00 p.m. on June 27, 2022

Parcel Number One form must be completed for EACH	l appeal. A copy of your Assessi	ment Notice	must be included with	your application.
Appellant is:An Individual	PartnershipCorporation1	rustee(Other	
Owner's Name		Owner's	Phone	
Mailing Address			State_	
Email:	Who will represe	ent the Appell	lant before the BOE:	YourselfOther
Name(if different from owner			ent from owner)	
Mailing Address(if different from owner)		City	State_	Zip
WRITTEN Hearing (I do NOT plan t				
Owner's Opinion of Market Val			Shoshone County's As	
\$	Land	\$		
\$	Building			
\$	Other (PP, etc)	\$		
Date owner purchased property		rchase Price		
Insured Value:				
If yes, state cost \$			and kinds of ren	ovations, additions
or remodels				
List three (3) sales that the owner feels	are comparable to the appealed	property		
Name	Location		Sale Price	Sale Date
1)			\$	
2)			\$	
3)			\$	
Owner Signature		_ Date	9	
This form must be returned to the Boar by the 4 th Monday in June (<u>June 27, 202</u>				
	FOR OFFICIAL USE O	NLY		
Date Received:	Hearing Date:		Time:	